U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved and Budget No. 1215-0188

Office of Management Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	LLY BEFORE PREPARING THIS REPORT.
L WE DROP	
1. File Number U - 676	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Eric Feaver	Name MEA-MFT
	Labor Organization File Number 530-351
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1232 E. 6th Avenue	Street 1232 E. 6TH AVENUE
City HELENA	City HELENA
State Montana ZIP Code + 4 596012 1/5 1	The contract of the contract o
5. Position in labor organization. PRESIDENT	
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the excl	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the excl A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations	usions set forth in the instructions):
(except as specified in the excl	usions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	derived income or other economic benefit of ion represents or is actively seeking to represent.
(except as specified in the exclude A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any).	derived income or other economic benefit of ion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
(except as specified in the excl. A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat 6. Name and address of Employer (including trade name, if any). Name	derived income or other economic benefit of fon represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
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(except as specified in the excl. A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. A "Transaction of Income. A "Transaction of Income. Transaction of Income. 2. A "Transaction of Income. A "Transaction of Income. A "Transaction of Income. Transaction of Income. A "Transaction of Income. Transaction of Income.
(except as specified in the excl. A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 2 *** Palace of piteton** Least open*** protects 4 *** Palace of piteton** Least open*** protects 4 *** Palace of piteton** protects 4 *** Palace of piteton** protects 4 *** Palace of piteton** piteton** protects 4 *** Palace of piteton** piteton** protects 4 *** Palace of piteton** piteto

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Name of Person Filing Eric Feaver	File Number U-							
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.								
Name and address of Business (including trade name, if any).	9. Business deals with:							
Name EMPLOYEE BENEFIT RESOURCES	(COZ)							
Trade Name, if any:	a. Labor Organization b. Trust							
P.O. Box, Bldg., Room No., if any PO BOX 1193	c. Employer							
Street	Surginaria (c)							
City HELENA								
State Montana ZIP Code + 4 59624								
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.							
Name	Employee/Member health & pension benefits consulting. Accounting consulting.							
Trade Name, if any:								
P.O. Box, Bldg., Room No., if any								
Street	11.b. Approximate dollar value of such dealing.	\$24,802						
City	12.a. Nature of interest held or income received.							
State ZIP Code + 4	Spouse is a partner in the company.							
	12.b. Amount.							
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.								
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.							
(including trade name, if any). Name								
Trade Name, if any:								
P.O. Box, Bldg., Room No., if any								
Street								
City								
State ZIP Code + 4		ent is initiative annual towns in a channel in the state of the state						
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.							

Name	οf	Person	Filing	Erria	Feaver
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File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Anderson ZurMuehlen & Co., P.C.	a. Labor Organization		
Trade Name, if any:	Interiors		
P.O. Box, Bldg., Room No., if any PO Box 1040	b. Trust		
Street	c. Employer		
City Helena			
State Montana ZIP Code + 4 59624			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Accounting software consulting and consulting with regard to LM's and	accounting taxes.	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$5,055	
	12.a. Nature of interest held or income received.		
	Spouse is a partner in the company		
	12.b. Amount.		